



**RECORD OF PREVIOUS PUBLIC EMPLOYMENT**  
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  
SFN 17028 (Rev. 03/2003)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

**NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657**  
**(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

For instructions on completing the form, please refer to the back of the form.

**PART A – MEMBER INFORMATION**

Name (Last, First, Mi)		Social Security Number	
Present Employer (State Agency, County, City, School District)			
Address	City	State	Zip + 4

**PART B – PREVIOUS SERVICE HISTORY**

Previous Employer (State Agency, County, City, School District)			
Address	City	State	Zip + 4

**Period of Service with above Previous Employer**

ELIGIBLE SERVICE MUST MEET THE FOLLOWING RULES:		1) Employed by participating employer; 2) Attained age 18; 3) Position is permanent-that is regularly funded & not of limited duration; 4) Worked at least 20 hours per week for at least 20 or more weeks of the year.	
Beginning Date (Mo., Day, Yr.)	Ending Date (Mo., Day, Yr.)		
Beginning Date (Mo., Day, Yr.)	Ending Date (Mo., Day, Yr.)		

**Period of Absence from Payroll of Previous Employer during above Service**

Beginning Date (Mo., Day, Yr.)	Ending Date (Mo., Day, Yr.)
Beginning Date (Mo., Day, Yr.)	Ending Date (Mo., Day, Yr.)

**PART C – MEMBER RETIREMENT COVERAGE**

Does member have service credit with your retirement plan? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Is the member receiving or entitled to receive a benefit from your system based on this service? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does this member have credit in your system for service creditable in another retirement system? <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes, please indicate the system(s) and year(s) below:	
System:	Years:
System:	Years:

**PART D – MEMBER AUTHORIZATION**

I declare that the foregoing statements are full, true, and correct to the best of my knowledge and belief, and are subject to the laws and penalties governing any misrepresentation and fraud.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date of Signature

**PART E – PREVIOUS PUBLIC EMPLOYER AUTHORIZATION**

The above named individual has filed claim for credit for public service as indicated in the information given above. Please verify this claim, after correcting any errors, by completing the certification below.

I certify that to the best of my knowledge and belief the statements made by the above employee are full, true, and correct, and reflect the date as contained in our records.

\_\_\_\_\_  
Signature of Previous Employer (Authorized Agent)

\_\_\_\_\_  
Date of Signature

**RECORD OF PREVIOUS PUBLIC EMPLOYMENT**  
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  
SFN 17028 (Rev. 03/2003)

**PART A: MEMBER INFORMATION**

**TO BE COMPLETED BY THE EMPLOYEE**

- 1-3. Enter all employee information as requested.
4. Enter all present employer information as requested.

**PART B: PREVIOUS SERVICE HISTORY**

**TO BE COMPLETED BY THE PREVIOUS PUBLIC EMPLOYER**

- 1-2. Enter name and address of the previous employer with whom service is claimed.
3. Enter beginning and ending employment dates of eligible service with previous employer.
4. Enter dates of leave of absences that were taken during the previous service.

**PART C: MEMBER RETIREMENT COVERAGE**

**TO BE COMPLETED BY THE PREVIOUS PUBLIC EMPLOYER**

- 1-2. Answer questions with a 'yes' or 'no' answer.

**PART D: MEMBER AUTHORIZATION**

1. Employee **must** sign and date this section to verify the reported information. The employee's signature should reflect the name as entered in Part A.

**PART E: PREVIOUS PUBLIC EMPLOYER AUTHORIZATION**

1. The previous authorized agent or employer must sign and date this section to certify all information provided in Part B and C.

**FILING PROCEDURE:** Forward the form to NDPERS and retain a photocopy for agency records.